

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

10/524359

1 Date of Request:	2 Serial/Patent #
3 Please refund the following fee(s):	
Filing	4 PAPER NUMBER
Amendment	5 DATE FILED
Extension of Time	6 AMOUNT
Notice of Appeal/Appeal	\$
Petition	\$
Issue	\$
Cert of Correction/Terminal Disc.	\$
Maintenance	\$
Assignment	\$
Other	\$
7 TOTAL AMOUNT OF REFUND	
8 TO BE REFUNDED BY:	
10 REASON:	Treasury Check
Overpayment	Credit Deposit A/C #:
Duplicate Payment	9 <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/>
No Fee Due (Explanation):	
11 REFUND REQUESTED BY:	
TYPED/PRINTED NAME: _____ TITLE: _____	
SIGNATURE: _____	
OFFICE: _____	
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****	
APPROVED: _____ DATE: _____	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**